497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Mark West 4 IB City Council		Date of This Filing 7/27/2016	Date Stamp
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1388437	Report No. 1	CALIFORNIA FORM **497** For Official Use Only
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)	2016 SEP 27 AM 9:46
CITY Imperial Beach	STATE CA / ZIP CODE 91932	No. of Pages 1	CITY MANAGER & CITY CLERK OFFICES

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
7/26/2016	Seacoast Inn LP [redacted] San Diego CA 92110	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment _____

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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